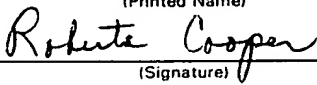


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Lounsberry et al.
Title: METHOD AND APPARATUS FOR
ASSOCIATING A FIELD
REPLACEABLE UNIT WITH A
MEDICAL DIAGNOSTIC SYSTEM
AND RECORDING OPERATIONAL
DATA
Appl. No.: Unknown
Filing Date: Unknown
Examiner: Unknown
Art Unit: Unknown

CERTIFICATE OF EXPRESS MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231.	
EL289223713US (Express Mail Label Number)	11/29/99 (Date of Deposit)
Roberta Cooper (Printed Name)	
 (Signature)	

UTILITY PATENT APPLICATION
TRANSMITTAL

Assistant Commissioner for Patents
Box PATENT APPLICATION
Washington, D.C. 20231

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Brian D. Lounsberry
Jonathan R. Schmidt
Stephen W. Gravelle
Michael S. Idelchik
James S. Shepard

Enclosed are:

- [X] Specification, Claim(s), and Abstract (27 pages).
- [X] Informal drawings (7 sheets, Figures 1-7).
- [X] Declaration and Power of Attorney (4 pages).
- [X] Assignment of the invention to General Electric Company.
- [X] Assignment Recordation Cover Sheet.
- [X] Check in the amount of \$40.00 for Assignment recordation.

- ☐ Small Entity statement.
- ☐ Information Disclosure Statement.
- ☐ Form PTO-1449 with copies of ___ listed reference(s).

The filing fee is calculated below:

	Claims as Filed	Included in Basic Fee	Extra Claims	Rate	Fee Totals
Basic Fee				\$760.00	\$760.00
Total Claims:	22	20	= 2	x \$18.00	= \$36.00
Independents:	3	3	= 0	x \$78.00	= \$0.00
If any Multiple Dependent Claim(s) present:			+ \$260.00		= \$0.00
				SUBTOTAL:	= \$796.00
<input type="checkbox"/>				Small Entity Fees Apply (subtract ½ of above):	= \$0.00
				TOTAL FILING FEE:	= \$796.00

- ☒ A check in the amount of \$796.00 to cover the filing fee is enclosed.
- ☐ The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- ☒ The Assistant Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 07-0845. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Assistant Commissioner is authorized to charge the unpaid amount to Deposit Account No. 07-0845.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 11-29-99

By 

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